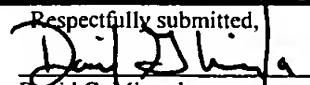


11/132 U.S. PTO  
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|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small> | Attorney Docket No.  | CTX-036CN                                                                                                                         |
|                                                                                                                                         | First Named Inventor | Mitchell                                                                                                                          |
|                                                                                                                                         | Title                | Methods and Apparatus for Efficiently Transmitting Interactive Application Data Between a Client and Server Using Markup Language |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>APPLICATION ELEMENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | ADDRESS TO: Box Patent Application<br>Commissioner for Patents<br>Washington, D.C. 20231                                                                                                                                                                    |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form<br>2. <input type="checkbox"/> Small Entity Status<br><input type="checkbox"/> Applicant claims small entity status<br><input type="checkbox"/> Status established in prior application and is still proper and desired<br><br>3. <input checked="" type="checkbox"/> Specification and Drawings [Total Pages 45]<br>- Written Description - (33 pages)<br>- Claims - (5 pages)<br>- Abstract - (1 page)<br>- Sheets of Drawings - ( 6 sheets)<br><input checked="" type="checkbox"/> Formal<br><input type="checkbox"/> Informal                  |  | <b>ACCOMPANYING APPLICATION PARTS</b>                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                             |
| 4. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages ]<br>a. <input type="checkbox"/> Newly executed (original)<br>b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br><small>(for continuation/divisional with Box 17 completed)<br/>/Note Box 5 below/</small>                                                                                                                                                                                                                                                                                       |  | 8. <input type="checkbox"/> 37 CFR 3.73(b) Statement ( <i>when there is an assignee</i> )<br><input type="checkbox"/> Power of Attorney<br><br>9. <input type="checkbox"/> English Translation Document ( <i>if applicable</i> )                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449<br><input type="checkbox"/> Copies of IDS Citations                                                                                                                            |
| 5. <input type="checkbox"/> Incorporation by Reference (usable if Box 4b is checked)<br>The entire Disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.                                                                                                                                                                                                                                                                  |  | 11. <input type="checkbox"/> Preliminary Amendment<br><input type="checkbox"/> Drawings [Total Sheets ]                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 12. <input checked="" type="checkbox"/> Return Receipt Postcard ( <i>specifically itemized</i> )                                                                                                                                                            |
| 6. <input checked="" type="checkbox"/> Application Data Sheet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 13. <input type="checkbox"/> Certified Copy of Priority Document(s) ( <i>if foreign priority claimed</i> )                                                                                                                                                  |
| 7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission<br><input type="checkbox"/> Computer Readable Form (CRF)<br><input type="checkbox"/> Paper Copy (identical to computer copy)<br><input type="checkbox"/> CD (2 copies) (identical to computer copy)<br><input type="checkbox"/> Statement verifying identity of above copies                                                                                                                                                                                                                                                      |  | 14. <input type="checkbox"/> Nonpublication Request Under 35 U.S.C. 122(b)<br><br>15. <input type="checkbox"/> CD in duplicate for large table or computer program                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 16. <input checked="" type="checkbox"/> Other:<br>Associate Power of Attorney                                                                                                                                                                               |
| 17. <input checked="" type="checkbox"/> If a CONTINUING APPLICATION: Amend the specification by inserting on page 1, before the first line, the sentence:<br>--This is a<br><input checked="" type="checkbox"/> continuation <input type="checkbox"/> divisional <input type="checkbox"/> continuation-in-part of prior application Serial No. 09/391,068, filed on September 7, 1999, the entire disclosure of which is incorporated by reference herein.--<br>Priority to the above application(s) is claimed under 35 U.S.C. 120.<br>Prior application information: Examiner: Vaughn. Group/Art Unit: 2152. |  |                                                                                                                                                                                                                                                             |
| 18. <input type="checkbox"/> Priority - 35 U.S.C. 119<br><input type="checkbox"/> Priority of application Serial No. _____ filed on _____ in _____ is claimed under 35 U.S.C. 119.<br><input type="checkbox"/> The certified copy has been filed in prior U.S. application Serial No. _____ / _____ on _____.<br><input type="checkbox"/> The certified copy will follow.                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                             |
| <b>CORRESPONDENCE ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>SIGNATURE BLOCK</b>                                                                                                                                                                                                                                      |
| Direct all correspondence to: Patent Administrator<br>Testa, Hurwitz & Thibeault, LLP<br>High Street Tower<br>125 High Street<br>Boston, MA 02110<br>Tel. No.: (617) 248-7000<br>Fax No.: (617) 248-7100<br>Customer No. 021323                                                                                                                                                                                                                                                                                                                                                                                |  | Respectfully submitted,<br><br>David G. Miranda<br>Agent for Applicants<br>Testa, Hurwitz & Thibeault, LLP<br>High Street Tower<br>125 High Street<br>Boston, MA 02110 |

**FEE TRANSMITTAL**  
**FY 2002**

| <i>Complete if Known</i>  |                  |
|---------------------------|------------------|
| Application Serial Number | Not Yet Assigned |
| Filing Date               | Not Yet Assigned |
| First Named Inventor      | Mitchell         |
| Group Art Unit            | N/A              |
| Examiner Name             | N/A              |
| Attorney Docket No.       | CTX-036CN        |

| <b>METHOD OF PAYMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                        | <b>FEE CALCULATION (continued)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |                  |                        |                        |          |              |                     |              |             |     |                    |                                     |  |       |                   |                                                        |              |     |                        |                           |   |       |              |                                    |                |                                                                    |    |                                        |  |     |                |                                         |  |     |     |                                        |  |      |     |                                         |  |      |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------|------------------------|------------------------|----------|--------------|---------------------|--------------|-------------|-----|--------------------|-------------------------------------|--|-------|-------------------|--------------------------------------------------------|--------------|-----|------------------------|---------------------------|---|-------|--------------|------------------------------------|----------------|--------------------------------------------------------------------|----|----------------------------------------|--|-----|----------------|-----------------------------------------|--|-----|-----|----------------------------------------|--|------|-----|-----------------------------------------|--|------|-----|----------------------------------------|--|-----|-----|------------------|--|-----|-----|----------------------------------------|--|-----|-----|--------------------------|--|-----|-----|-------------------------------|--|-----|-----|------------------------------------------------|--|-----|-----|-------------------------------------------------------------|--|-----|-----|----------------------------------------------------------------|--|-----|-----|-------------------------------------------------|--|
| 1. <input checked="" type="checkbox"/> Payment Enclosed:<br><input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                        | <b>3. ADDITIONAL FEES</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Entity</th> <th style="text-align: left;">Small Entity</th> <th style="text-align: left;">Fee Description</th> <th style="text-align: left;">Fee Paid</th> </tr> </thead> <tbody> <tr><td>Fee (\$)</td><td>Fee (\$)</td><td></td><td></td></tr> <tr><td>130</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>50</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>130</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>2,520</td><td>2,520</td><td>Request for ex parte reexamination</td><td></td></tr> <tr><td>110</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>400</td><td>200</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>920</td><td>460</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1440</td><td>720</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1960</td><td>980</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>320</td><td>160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>320</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>280</td><td>140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>130</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>180</td><td>180</td><td>Submission of Information Disclosure Statement</td><td></td></tr> <tr><td>740</td><td>370</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>740</td><td>370</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr> <tr><td>100</td><td>100</td><td>Certificate of Correction for applicant's error</td><td></td></tr> </tbody> </table> |              | Large Entity     | Small Entity           | Fee Description        | Fee Paid | Fee (\$)     | Fee (\$)            |              |             | 130 | 65                 | Surcharge - late filing fee or oath |  | 50    | 25                | Surcharge - late provisional filing fee or cover sheet |              | 130 | 130                    | Non-English specification |   | 2,520 | 2,520        | Request for ex parte reexamination |                | 110                                                                | 55 | Extension for reply within first month |  | 400 | 200            | Extension for reply within second month |  | 920 | 460 | Extension for reply within third month |  | 1440 | 720 | Extension for reply within fourth month |  | 1960 | 980 | Extension for reply within fifth month |  | 320 | 160 | Notice of Appeal |  | 320 | 160 | Filing a brief in support of an appeal |  | 280 | 140 | Request for oral hearing |  | 130 | 130 | Petitions to the Commissioner |  | 180 | 180 | Submission of Information Disclosure Statement |  | 740 | 370 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 740 | 370 | For each additional invention to be examined (37 CFR 1.129(b)) |  | 100 | 100 | Certificate of Correction for applicant's error |  |
| Large Entity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Small Entity           | Fee Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Fee Paid     |                  |                        |                        |          |              |                     |              |             |     |                    |                                     |  |       |                   |                                                        |              |     |                        |                           |   |       |              |                                    |                |                                                                    |    |                                        |  |     |                |                                         |  |     |     |                                        |  |      |     |                                         |  |      |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |
| Fee (\$)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Fee (\$)               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                  |                        |                        |          |              |                     |              |             |     |                    |                                     |  |       |                   |                                                        |              |     |                        |                           |   |       |              |                                    |                |                                                                    |    |                                        |  |     |                |                                         |  |     |     |                                        |  |      |     |                                         |  |      |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |
| 130                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 65                     | Surcharge - late filing fee or oath                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                  |                        |                        |          |              |                     |              |             |     |                    |                                     |  |       |                   |                                                        |              |     |                        |                           |   |       |              |                                    |                |                                                                    |    |                                        |  |     |                |                                         |  |     |     |                                        |  |      |     |                                         |  |      |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |
| 50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 25                     | Surcharge - late provisional filing fee or cover sheet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                  |                        |                        |          |              |                     |              |             |     |                    |                                     |  |       |                   |                                                        |              |     |                        |                           |   |       |              |                                    |                |                                                                    |    |                                        |  |     |                |                                         |  |     |     |                                        |  |      |     |                                         |  |      |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |
| 130                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 130                    | Non-English specification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |                  |                        |                        |          |              |                     |              |             |     |                    |                                     |  |       |                   |                                                        |              |     |                        |                           |   |       |              |                                    |                |                                                                    |    |                                        |  |     |                |                                         |  |     |     |                                        |  |      |     |                                         |  |      |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |
| 2,520                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2,520                  | Request for ex parte reexamination                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |                  |                        |                        |          |              |                     |              |             |     |                    |                                     |  |       |                   |                                                        |              |     |                        |                           |   |       |              |                                    |                |                                                                    |    |                                        |  |     |                |                                         |  |     |     |                                        |  |      |     |                                         |  |      |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |
| 110                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 55                     | Extension for reply within first month                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                  |                        |                        |          |              |                     |              |             |     |                    |                                     |  |       |                   |                                                        |              |     |                        |                           |   |       |              |                                    |                |                                                                    |    |                                        |  |     |                |                                         |  |     |     |                                        |  |      |     |                                         |  |      |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |
| 400                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 200                    | Extension for reply within second month                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                  |                        |                        |          |              |                     |              |             |     |                    |                                     |  |       |                   |                                                        |              |     |                        |                           |   |       |              |                                    |                |                                                                    |    |                                        |  |     |                |                                         |  |     |     |                                        |  |      |     |                                         |  |      |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |
| 920                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 460                    | Extension for reply within third month                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                  |                        |                        |          |              |                     |              |             |     |                    |                                     |  |       |                   |                                                        |              |     |                        |                           |   |       |              |                                    |                |                                                                    |    |                                        |  |     |                |                                         |  |     |     |                                        |  |      |     |                                         |  |      |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |
| 1440                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 720                    | Extension for reply within fourth month                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                  |                        |                        |          |              |                     |              |             |     |                    |                                     |  |       |                   |                                                        |              |     |                        |                           |   |       |              |                                    |                |                                                                    |    |                                        |  |     |                |                                         |  |     |     |                                        |  |      |     |                                         |  |      |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |
| 1960                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 980                    | Extension for reply within fifth month                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                  |                        |                        |          |              |                     |              |             |     |                    |                                     |  |       |                   |                                                        |              |     |                        |                           |   |       |              |                                    |                |                                                                    |    |                                        |  |     |                |                                         |  |     |     |                                        |  |      |     |                                         |  |      |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |
| 320                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 160                    | Notice of Appeal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                  |                        |                        |          |              |                     |              |             |     |                    |                                     |  |       |                   |                                                        |              |     |                        |                           |   |       |              |                                    |                |                                                                    |    |                                        |  |     |                |                                         |  |     |     |                                        |  |      |     |                                         |  |      |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |
| 320                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 160                    | Filing a brief in support of an appeal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                  |                        |                        |          |              |                     |              |             |     |                    |                                     |  |       |                   |                                                        |              |     |                        |                           |   |       |              |                                    |                |                                                                    |    |                                        |  |     |                |                                         |  |     |     |                                        |  |      |     |                                         |  |      |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |
| 280                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 140                    | Request for oral hearing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |                  |                        |                        |          |              |                     |              |             |     |                    |                                     |  |       |                   |                                                        |              |     |                        |                           |   |       |              |                                    |                |                                                                    |    |                                        |  |     |                |                                         |  |     |     |                                        |  |      |     |                                         |  |      |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |
| 130                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 130                    | Petitions to the Commissioner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                  |                        |                        |          |              |                     |              |             |     |                    |                                     |  |       |                   |                                                        |              |     |                        |                           |   |       |              |                                    |                |                                                                    |    |                                        |  |     |                |                                         |  |     |     |                                        |  |      |     |                                         |  |      |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |
| 180                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 180                    | Submission of Information Disclosure Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                  |                        |                        |          |              |                     |              |             |     |                    |                                     |  |       |                   |                                                        |              |     |                        |                           |   |       |              |                                    |                |                                                                    |    |                                        |  |     |                |                                         |  |     |     |                                        |  |      |     |                                         |  |      |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |
| 740                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 370                    | Filing a submission after final rejection (37 CFR 1.129(a))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |                  |                        |                        |          |              |                     |              |             |     |                    |                                     |  |       |                   |                                                        |              |     |                        |                           |   |       |              |                                    |                |                                                                    |    |                                        |  |     |                |                                         |  |     |     |                                        |  |      |     |                                         |  |      |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |
| 740                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 370                    | For each additional invention to be examined (37 CFR 1.129(b))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                  |                        |                        |          |              |                     |              |             |     |                    |                                     |  |       |                   |                                                        |              |     |                        |                           |   |       |              |                                    |                |                                                                    |    |                                        |  |     |                |                                         |  |     |     |                                        |  |      |     |                                         |  |      |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |
| 100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 100                    | Certificate of Correction for applicant's error                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                  |                        |                        |          |              |                     |              |             |     |                    |                                     |  |       |                   |                                                        |              |     |                        |                           |   |       |              |                                    |                |                                                                    |    |                                        |  |     |                |                                         |  |     |     |                                        |  |      |     |                                         |  |      |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |
| 2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531.<br><input type="checkbox"/> Required Fees (copy of this sheet enclosed).<br><input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17.<br><input checked="" type="checkbox"/> Overpayment Credit.                                                                                                                                                                                                                                                                                                                                                                                                      |                        | 3. <input type="checkbox"/> Applicant claims small entity status.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |                  |                        |                        |          |              |                     |              |             |     |                    |                                     |  |       |                   |                                                        |              |     |                        |                           |   |       |              |                                    |                |                                                                    |    |                                        |  |     |                |                                         |  |     |     |                                        |  |      |     |                                         |  |      |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |
| <b>FEE CALCULATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                  |                        |                        |          |              |                     |              |             |     |                    |                                     |  |       |                   |                                                        |              |     |                        |                           |   |       |              |                                    |                |                                                                    |    |                                        |  |     |                |                                         |  |     |     |                                        |  |      |     |                                         |  |      |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |
| <b>1. FILING FEE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                  |                        |                        |          |              |                     |              |             |     |                    |                                     |  |       |                   |                                                        |              |     |                        |                           |   |       |              |                                    |                |                                                                    |    |                                        |  |     |                |                                         |  |     |     |                                        |  |      |     |                                         |  |      |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;">Large Entity</th> <th colspan="2" style="text-align: right;">Fee Paid</th> </tr> <tr> <th>Fee (\$)</th> <th>Fee Description</th> <th></th> <th></th> </tr> </thead> <tbody> <tr><td>740</td><td>Utility filing fee</td><td colspan="2" style="text-align: right;">740.00</td></tr> <tr><td>330</td><td>Design filing fee</td><td colspan="2"></td></tr> <tr><td>160</td><td>Provisional filing fee</td><td colspan="2"></td></tr> </tbody> </table>                                                                                                                                                                                                                                    |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              | Large Entity     |                        | Fee Paid               |          | Fee (\$)     | Fee Description     |              |             | 740 | Utility filing fee | 740.00                              |  | 330   | Design filing fee |                                                        |              | 160 | Provisional filing fee |                           |   |       |              |                                    |                |                                                                    |    |                                        |  |     |                |                                         |  |     |     |                                        |  |      |     |                                         |  |      |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |
| Large Entity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        | Fee Paid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |                  |                        |                        |          |              |                     |              |             |     |                    |                                     |  |       |                   |                                                        |              |     |                        |                           |   |       |              |                                    |                |                                                                    |    |                                        |  |     |                |                                         |  |     |     |                                        |  |      |     |                                         |  |      |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |
| Fee (\$)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Fee Description        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                  |                        |                        |          |              |                     |              |             |     |                    |                                     |  |       |                   |                                                        |              |     |                        |                           |   |       |              |                                    |                |                                                                    |    |                                        |  |     |                |                                         |  |     |     |                                        |  |      |     |                                         |  |      |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |
| 740                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Utility filing fee     | 740.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                  |                        |                        |          |              |                     |              |             |     |                    |                                     |  |       |                   |                                                        |              |     |                        |                           |   |       |              |                                    |                |                                                                    |    |                                        |  |     |                |                                         |  |     |     |                                        |  |      |     |                                         |  |      |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |
| 330                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Design filing fee      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                  |                        |                        |          |              |                     |              |             |     |                    |                                     |  |       |                   |                                                        |              |     |                        |                           |   |       |              |                                    |                |                                                                    |    |                                        |  |     |                |                                         |  |     |     |                                        |  |      |     |                                         |  |      |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |
| 160                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Provisional filing fee |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                  |                        |                        |          |              |                     |              |             |     |                    |                                     |  |       |                   |                                                        |              |     |                        |                           |   |       |              |                                    |                |                                                                    |    |                                        |  |     |                |                                         |  |     |     |                                        |  |      |     |                                         |  |      |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Number Filed</th> <th style="text-align: left;">Number Extra</th> <th style="text-align: left;">Rate</th> <th style="text-align: left;">Amount</th> </tr> </thead> <tbody> <tr><td>24</td><td>- 20 = 4</td><td>x \$ 18.00 =</td><td>72.00</td></tr> <tr><td>3</td><td>- 3 = 0</td><td>x \$ 84.00 =</td><td></td></tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                            |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              | Number Filed     | Number Extra           | Rate                   | Amount   | 24           | - 20 = 4            | x \$ 18.00 = | 72.00       | 3   | - 3 = 0            | x \$ 84.00 =                        |  |       |                   |                                                        |              |     |                        |                           |   |       |              |                                    |                |                                                                    |    |                                        |  |     |                |                                         |  |     |     |                                        |  |      |     |                                         |  |      |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |
| Number Filed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Number Extra           | Rate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Amount       |                  |                        |                        |          |              |                     |              |             |     |                    |                                     |  |       |                   |                                                        |              |     |                        |                           |   |       |              |                                    |                |                                                                    |    |                                        |  |     |                |                                         |  |     |     |                                        |  |      |     |                                         |  |      |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |
| 24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | - 20 = 4               | x \$ 18.00 =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 72.00        |                  |                        |                        |          |              |                     |              |             |     |                    |                                     |  |       |                   |                                                        |              |     |                        |                           |   |       |              |                                    |                |                                                                    |    |                                        |  |     |                |                                         |  |     |     |                                        |  |      |     |                                         |  |      |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | - 3 = 0                | x \$ 84.00 =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |                  |                        |                        |          |              |                     |              |             |     |                    |                                     |  |       |                   |                                                        |              |     |                        |                           |   |       |              |                                    |                |                                                                    |    |                                        |  |     |                |                                         |  |     |     |                                        |  |      |     |                                         |  |      |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |
| <input type="checkbox"/> Multiple Dependent Claim(s), if any      \$280.00 =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                  |                        |                        |          |              |                     |              |             |     |                    |                                     |  |       |                   |                                                        |              |     |                        |                           |   |       |              |                                    |                |                                                                    |    |                                        |  |     |                |                                         |  |     |     |                                        |  |      |     |                                         |  |      |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |
| <b>TOTAL:</b><br><b>SMALL ENTITY DISCOUNT:</b><br>SUBTOTAL (1)      (\$ 812.00)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                  |                        |                        |          |              |                     |              |             |     |                    |                                     |  |       |                   |                                                        |              |     |                        |                           |   |       |              |                                    |                |                                                                    |    |                                        |  |     |                |                                         |  |     |     |                                        |  |      |     |                                         |  |      |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |
| <b>2. AMENDMENT CLAIM FEES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                  |                        |                        |          |              |                     |              |             |     |                    |                                     |  |       |                   |                                                        |              |     |                        |                           |   |       |              |                                    |                |                                                                    |    |                                        |  |     |                |                                         |  |     |     |                                        |  |      |     |                                         |  |      |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Claims Remaining</th> <th>Highest No. Previously</th> <th>Present Extra</th> <th>Rate</th> <th>Fee Paid</th> <th style="text-align: right;">SUBTOTAL (3) (\$ 0)</th> </tr> <tr> <th>After Amend.</th> <th>Paid For</th> <th></th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr><td>Total</td><td>-</td><td>=</td><td>x \$ 18.00 =</td><td></td><td style="text-align: right;">SUBTOTAL (1) \$ 812.00</td></tr> <tr><td>Indep.</td><td>-</td><td>=</td><td>x \$ 84.00 =</td><td></td><td style="text-align: right;">SUBTOTAL (2) 0</td></tr> <tr><td colspan="5"><input type="checkbox"/> First Presentation of Multiple Dep. Claim</td><td style="text-align: right;">SUBTOTAL (3) 0</td></tr> </tbody> </table> |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              | Claims Remaining | Highest No. Previously | Present Extra          | Rate     | Fee Paid     | SUBTOTAL (3) (\$ 0) | After Amend. | Paid For    |     |                    |                                     |  | Total | -                 | =                                                      | x \$ 18.00 = |     | SUBTOTAL (1) \$ 812.00 | Indep.                    | - | =     | x \$ 84.00 = |                                    | SUBTOTAL (2) 0 | <input type="checkbox"/> First Presentation of Multiple Dep. Claim |    |                                        |  |     | SUBTOTAL (3) 0 |                                         |  |     |     |                                        |  |      |     |                                         |  |      |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |
| Claims Remaining                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Highest No. Previously | Present Extra                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Rate         | Fee Paid         | SUBTOTAL (3) (\$ 0)    |                        |          |              |                     |              |             |     |                    |                                     |  |       |                   |                                                        |              |     |                        |                           |   |       |              |                                    |                |                                                                    |    |                                        |  |     |                |                                         |  |     |     |                                        |  |      |     |                                         |  |      |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |
| After Amend.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Paid For               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                  |                        |                        |          |              |                     |              |             |     |                    |                                     |  |       |                   |                                                        |              |     |                        |                           |   |       |              |                                    |                |                                                                    |    |                                        |  |     |                |                                         |  |     |     |                                        |  |      |     |                                         |  |      |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |
| Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | -                      | =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | x \$ 18.00 = |                  | SUBTOTAL (1) \$ 812.00 |                        |          |              |                     |              |             |     |                    |                                     |  |       |                   |                                                        |              |     |                        |                           |   |       |              |                                    |                |                                                                    |    |                                        |  |     |                |                                         |  |     |     |                                        |  |      |     |                                         |  |      |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |
| Indep.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | -                      | =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | x \$ 84.00 = |                  | SUBTOTAL (2) 0         |                        |          |              |                     |              |             |     |                    |                                     |  |       |                   |                                                        |              |     |                        |                           |   |       |              |                                    |                |                                                                    |    |                                        |  |     |                |                                         |  |     |     |                                        |  |      |     |                                         |  |      |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |
| <input type="checkbox"/> First Presentation of Multiple Dep. Claim                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                  | SUBTOTAL (3) 0         |                        |          |              |                     |              |             |     |                    |                                     |  |       |                   |                                                        |              |     |                        |                           |   |       |              |                                    |                |                                                                    |    |                                        |  |     |                |                                         |  |     |     |                                        |  |      |     |                                         |  |      |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">TOTAL:</th> <th style="text-align: left;">(\$)</th> </tr> <tr> <th>SMALL ENTITY DISCOUNT:</th> <th>(\$)</th> </tr> <tr> <th style="text-align: left;">SUBTOTAL (2)</th> <th style="text-align: left;">(\$ 0)</th> </tr> </thead> <tbody> <tr><td style="text-align: right;">TOTAL</td><td style="text-align: right;">(\$ 812.00)</td></tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                       |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              | TOTAL:           | (\$)                   | SMALL ENTITY DISCOUNT: | (\$)     | SUBTOTAL (2) | (\$ 0)              | TOTAL        | (\$ 812.00) |     |                    |                                     |  |       |                   |                                                        |              |     |                        |                           |   |       |              |                                    |                |                                                                    |    |                                        |  |     |                |                                         |  |     |     |                                        |  |      |     |                                         |  |      |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |
| TOTAL:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (\$)                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                  |                        |                        |          |              |                     |              |             |     |                    |                                     |  |       |                   |                                                        |              |     |                        |                           |   |       |              |                                    |                |                                                                    |    |                                        |  |     |                |                                         |  |     |     |                                        |  |      |     |                                         |  |      |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |
| SMALL ENTITY DISCOUNT:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (\$)                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                  |                        |                        |          |              |                     |              |             |     |                    |                                     |  |       |                   |                                                        |              |     |                        |                           |   |       |              |                                    |                |                                                                    |    |                                        |  |     |                |                                         |  |     |     |                                        |  |      |     |                                         |  |      |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |
| SUBTOTAL (2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (\$ 0)                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                  |                        |                        |          |              |                     |              |             |     |                    |                                     |  |       |                   |                                                        |              |     |                        |                           |   |       |              |                                    |                |                                                                    |    |                                        |  |     |                |                                         |  |     |     |                                        |  |      |     |                                         |  |      |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |
| TOTAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (\$ 812.00)            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                  |                        |                        |          |              |                     |              |             |     |                    |                                     |  |       |                   |                                                        |              |     |                        |                           |   |       |              |                                    |                |                                                                    |    |                                        |  |     |                |                                         |  |     |     |                                        |  |      |     |                                         |  |      |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |
| <b>CORRESPONDENCE ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        | <b>SIGNATURE BLOCK</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                  |                        |                        |          |              |                     |              |             |     |                    |                                     |  |       |                   |                                                        |              |     |                        |                           |   |       |              |                                    |                |                                                                    |    |                                        |  |     |                |                                         |  |     |     |                                        |  |      |     |                                         |  |      |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |
| Direct all correspondence to:<br>Patent Administrator<br>Testa, Hurwitz & Thibeault, LLP<br>High Street Tower-125 High Street<br>Boston, MA 02110<br>Tel. No.: (617) 248-7000<br>Fax No.: (617) 248-7100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                        | Respectfully submitted,<br><br>David G. Miranda<br>Agent for the Applicants<br>Testa, Hurwitz & Thibeault, LLP<br>High Street Tower-125 High Street<br>Boston, MA 02110                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |                  |                        |                        |          |              |                     |              |             |     |                    |                                     |  |       |                   |                                                        |              |     |                        |                           |   |       |              |                                    |                |                                                                    |    |                                        |  |     |                |                                         |  |     |     |                                        |  |      |     |                                         |  |      |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |